



FAMILY HANDBOOK

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Welcome

On behalf of the entire HopeWay staff, we are grateful that you and your loved one selected us to help you all on the road to recovery. Our goal is to provide the highest quality of care in a safe, nurturing, and comfortable setting. Each member of our team is committed to providing excellent care, involving you in your loved one's treatment, and working together respectfully and compassionately to best meet the healthcare needs of your loved one.

The purpose of this handbook is to help you understand what your loved one will experience during their stay at HopeWay; what supports s/he may need before, during, and after; and resources you may find valuable. We will also share some commonly asked questions with answers to help provide reassurance in what can be a very stressful period in a family's life.

If you have not done so already, we encourage you to both go on a tour of HopeWay, and review our Client Handbook (this can be found online on HopeWay's admissions page). Going on a tour allows you and your family to see the facility and grounds, meet many of our staff, and get your questions answered. The Client Handbook details out expectations, client rights, etc. Although there are some sections that will have duplicated information, we have tried to make your handbook unique, specific to questions and concerns you may have.

Treatment Options

For those individuals reviewing the Family Handbook prior to determining which treatment level is appropriate, here are the distinctions between levels:

Residential Treatment Program (RTC)

- Clients live at our facility and attend group therapy from 9am-4pm, Monday-Friday. There is additional treatment in the evenings and weekends. We encourage you to look at the sample schedule on the admissions page of the website for more details.
- This option provides the most comprehensive treatment for the client. S/he will be assigned and meet weekly with their psychiatrist and primary therapist, have a treatment team that consults regularly, and have nursing and behavioral health technician staff supporting their recovery.
- All meals are included with this option.

Partial Hospitalization Program (PHP)

- Mondays-Fridays, 9am-4pm
- This option is a great way to receive treatment while still maintaining daily relationships at home. It is an appropriate step-down option for those who have attended the residential program, and are wanting to slowly integrate back into their day-to-day lives.
- Clients can also admit directly into the PHP program



- Lunch is included with this option. However, clients are welcome to have breakfast for an additional fee.
- Clients are assigned a primary therapist and psychiatrist with whom they meet weekly.

Intensive Outpatient Program (IOP)

- Mondays, Wednesdays, Fridays from 9am-12pm
- This option is appropriate for clients who are working part-time, attending school, and/or are stepping down from more intensive treatment.
- Meals are not included with this option. However, clients are welcome to have breakfast and/or lunch for an additional fee.
- Clients typically continue to see their own therapists, physicians, psychiatrists, etc. If s/he does not have a therapist and/or psychiatrist, our Aftercare Specialist can work with them to find someone in the community.
- The treatment program follows the same model as our other programs, but there are obviously fewer groups. For instance, IOP clients may only receive two Art Therapy classes if they are at HopeWay for a month.

Individual and Group Therapy

Clients who are in the RTC and PHP programs will have weekly individual appointments with their assigned psychiatrist and primary therapist. Outside of those meetings, clients attend group therapy. The benefits of group therapy are well established. They provide support, offer different perspectives, provide validation, and teach problem solving and communication skills. Investment in treatment is critical and the more a client puts into treatment the more they will benefit. We strongly encourage clients to participate as much as possible, as that will help them heal, recover, and then successfully transition to home and to their community.

The clinical model used at HopeWay was created to include both traditional psychotherapeutic treatment approaches such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), as well as multiple integrative therapies. NOTE: A glossary of terms has been included on page 17 for your convenience. All of the various therapies provided are supported by many years of strong research attesting to their affectiveness.

Our daily schedule includes multiple group therapy sessions that focus on clients' specific needs. CBT groups are held in each level of care. DBT groups are offered within our residential and partial hospitalization programs. In addition, a client's primary therapist may integrate DBT work into their individual sessions. Other groups include those focused on building healthy relationships, mindfulness, illness management and recovery, health promotion, relapse prevention, trauma and recovery, process groups, and in both the residential and PHP programs a daily wrap-up group.



HopeWay offers a full range of integrative therapies such as art therapy, horticultural therapy, music therapy, recreation therapy, health and wellness education, spiritual care, yoga, and mindfulness. Integrative therapy is used to complement CBT and DBT, and broaden the scope of recovery. Many of our integrative therapists conduct one-on-one sessions with clients, and/or have open labs for additional consultation.

- **Art Therapy** allows for the expression of feelings and thoughts that are often without words. Trauma, grief and other types of life events are sometimes experienced in a way that is greater than our capacity to describe them verbally. Art therapy provides an array of different expressive activities, including painting, collage making, drawing, sculpting, pottery, and other media.
- **Music Therapy** is very therapeutic in the healing process. At HopeWay, clients participate in weekly music therapy groups where they have the opportunity to play various instruments, sing, and create their own music. Time is also spent writing lyrics to songs and having group discussions.
- **Recreational Therapy** structures groups based on the six dimensions of wellness: emotional, intellectual, physical, spiritual, social and vocational. HopeWay has a wide variety of recreational activities and opportunities. There are beautiful manicured walking trails, a 13,000 square foot gymnasium that includes two full size basketball courts, a cardiovascular and weight room. Volleyball, basketball, yoga, and other leisure activities are available and encouraged.
- **Health and Wellness.** The Health and Wellness Specialist, who is also a registered dietician, works with all clients to help them learn about healthy eating, portion control, and the overall connection of how food affects not only one's physical health but also one's emotional health. Clients who have dietary issues or medical conditions that require special care or monitoring can utilize the Health and Wellness Specialist to assist them in learning how to best manage nutritional needs. Clients work in the Learning Kitchen where they learn how to prepare healthy, nutritious meals.
- **Horticultural Therapy.** A greenhouse and garden are located on the HopeWay campus. A Horticultural Therapist works with clients in both individual and group settings. Clients learn how to tend to and care for the garden. During the growing season they are also provided with a small plot of land where they can grow their own individual plants, vegetables, and herbs for use in the Learning Kitchen.
- **Pastoral/Spiritual Care.** Clients are provided with opportunities to participate in spiritual and pastoral care programming. This may consist of group or communal activities, as well as individual support if needed. Pastoral care is intended to provide non-denominational support and engagement during treatment, and can be tailored to each client's spiritual preference or beliefs.
- **Pet Therapy.** HopeWay is excited to have Theo as our therapy dog. Theo is a Portuguese Water Dog who is available to offer comfort during one-on-one meetings between clients and their therapists, or in groups.



- **Yoga** is therapeutic, as it can relax the client through meditation and mindfulness. Blending the spiritual with the physical provides multiple benefits. Yoga is offered in both the residential and partial hospitalization programs.

We have put an example schedule on the admissions page of the website for potential clients and their families to review. In addition to the previously listed classes, clients will have time for meditation and other mindfulness activities. If the client is in the residential program, s/he will also receive health promotion and off campus recreational activities that integrate therapy.

Holistic Care

Medication

It is important for clients to communicate with their psychiatrist if they notice any physical side-effects to their medication. Oftentimes, clients need to balance side-effects with the effectiveness of the medication. Any support you can provide your loved one in communicating with their psychiatrist about side-effects, rather than just stopping their medication is beneficial to their mental well-being. In addition, it is not uncommon for people to stop their medication once they begin feeling better. Similar to other medical issues, individuals should continue taking their medication for as long as it is prescribed (which may be throughout their life).

Clients receive education about their medication from their psychiatrist every time a new medication is issued. If your loved one has questions, we hope you will encourage them to ask.

Wellness Clinic

HopeWay has an onsite wellness clinic, staffed by a medical team of doctors and nurses. All clients receive an initial physical exam and will continue to receive wellness services throughout their treatment as needed.

Dining Hall

Residential Clients have breakfast from 8-9am, lunch from 12-1pm, and dinner from 5:30-6:30pm. PHP Clients have lunch included in their daily schedule. Daily food choices and special options will be posted in the dining room. Clients will have the opportunity to select from a wide variety of nutritious, flavorful, and creative food selections. Clients who have a special dietary need are asked to talk with our health and wellness specialist, nurse or doctor.

Gym & Fitness Center

Many recreation therapy activities such as basketball, games, and the use of exercise equipment is available at scheduled times in the gym. Shower stalls are also available in this area to provide a convenient method of maintaining healthy hygiene without the need to return to one's individual room. Recreation, physical fitness, and learning healthy leisure activities is a critical aspect of holistic healthcare and HopeWay is committed to incorporating these activities throughout each client's stay with us and throughout all levels of programming. For residential clients, we encourage daily exercise immediately following programming. In addition, there are additional opportunities for exercise throughout the week to help create healthy habits.



Treating Co-Occurring Disorders

Clients with drug or alcohol addictions attend two substance abuse treatment groups a week. In addition, clients who have alcohol issues are strongly encouraged to attend AA. Residential clients have the opportunity to attend two offsite AA meetings during the week and one on the weekend. All clients have the option of attending an AA panel onsite on Fridays at 4pm.

Treatment Planning

Each client works with a large, multidisciplinary treatment team that is responsible for providing the highest quality of care. The treatment team includes the client's attending psychiatrist and primary therapist, the music, art, recreation, and horticultural therapists, the health and wellness specialist, the aftercare coordinator, and the Director of Nursing. This team is also supported by HopeWay's executive leadership team. Treatment teams meet weekly to review progress, suggest possible treatment goals with the understanding that clients' input and considerations are critical in the development of the final plan. The team will also identify discharge follow-up resources.

In a behavioral health program, a client's involvement and commitment to their treatment is extremely important. Clients are given the opportunity to attend a portion of the treatment team meetings and will be allowed time to ask questions, voice concerns, and make suggestions related to their treatment.

Families can be extremely beneficial if they support their loved one's participation and engagement in treatment. Clients are typically encouraged to involve their family and friends in treatment in order to access these crucial relationships and the support and guidance they can offer. All services offered at HopeWay are provided on a voluntary basis and clients are free to choose not to participate. However, not actively involving oneself in the programming will result in a less successful outcome and is ultimately a poor use of time and financial resources.

Family Involvement

Friends and family members are very important sources of "natural" support for most people. These are the people who know the client the best, know what works best for her/him, and know how to best support her/his continued healing and recovery. We strongly encourage clients to involve others who are committed to her/his health. This can be done in a variety of different ways, such as giving us permission to communicate with family, giving family permission to visit during the designated visitation periods, and/or including them in specific appointments with the client's psychiatrist and/or the treatment team.

Ultimately, your loved one is our highest priority, and our staff is most concerned with their progress and growth. If permission is given, communication with family members is typically done through the primary therapist. Our clinicians request that loved ones give staff at least two weeks of care before expecting feedback. We need to establish a relationship and allow your loved one to open up in both individual and group sessions.



If the client's "natural supports" attend meetings or s/he allow us to communicate with them, the following types of information may be discussed:

- Information about the client's diagnosis and treatment plan
- Progress shown in treatment
- Aftercare planning, including types of follow-up healthcare services that will be most helpful after treatment at HopeWay
- Ways to strengthen or build healthy relationships with others

Once a month, we offer a family education group (typically the first Wednesday of the month). In addition, we periodically offer a friends and family day program. This is an opportunity for you to come to HopeWay, hear from therapists and/or psychiatrists, alumni, alumni family members, and learn about community resources. Families find this helpful, as they get to meet staff, experience similar programming to their loved one, learn about mental illness, and often gain support from others going through a similar experience. We encourage you to attend. However, invitation to this programming is dictated by your loved one. They will either provide us with your contact information to email you details, or they will provide you with a flyer that contains the schedule. We cannot contact you without their permission and do not want to break their trust or hinder their progress by ignoring their wishes. If you are interested in attending, please speak with your loved one about your interest in participating.

We also encourage family and friends to refer back to the Community Education portion of HopeWay's website. We post current news articles about mental health, local events supporting mental health, free online resources to continue education, and links to other organizations to help continue care past discharge. As a family member, you will have access to educational workshops held at HopeWay, even after your family member has discharged.

Confidentiality

We understand that information about a client's health is personal. We are committed to protecting a client's healthcare records. Confidentiality assures that private information will not be disclosed to others without client consent. Associated with confidentiality, during a client's time here at HopeWay, s/he may come across visitors inquiring about the facility and/or volunteers that have offered to make the surroundings a better place. Because of this, we want clients to be aware of guests that may be onsite from time to time. We value privacy. HopeWay ensures each visitor signs a confidentiality agreement and every volunteer attends a confidentiality orientation and training.

Although mental illness is not something to be ashamed of, there are many stigmas and assumptions made that make it difficult to open up. We recommend that family talk with their loved one about what they are comfortable having shared to other family members, friends, coworkers, etc.

HopeWay serves adult clients. Even if your loved one is living at home, or you are paying for his/her treatment, your loved one is an adult and their health information is private. As a family member, you can speak with your loved one's primary therapist and/or psychiatrist and provide them with any information you feel is relevant to your loved one's care. However, unless your



loved one has given HopeWay permission to share information about their treatment, we cannot contact, share, or release information to you. If, at any time, your loved one changes their mind, we must abide by their request.

Client Rights & Responsibilities

All clients served at HopeWay have rights designed to promote dignity, respect, and a safe, healing environment. Clients are provided with a copy of the “*Client Rights and Responsibilities*” form within 24-hours of being admitted to the program. A copy of the document can be found online within the Client Handbook.

Program Rules

Program rules can be found in the Client Handbook. Please note that the list is not exhaustive and changes/additions may be necessary depending on changing needs and situations. The overriding rule is to follow and respect staff’s requests and directions.

Treatment at HopeWay is voluntary. Clients are adults. Therefore, while we can encourage clients to be on time and not leave early, to not walk out of a session, to take their medication regularly, to abstain from drugs and alcohol, etc., we ultimately cannot enforce these behaviors. If other clients are affected, the treatment team will address their concerns and discuss it with the client. The client may be asked to sign a success plan to see if we can get client buy-in to HopeWay’s policies. If disruptive behavior continues, we may ask the client to leave. If you can support our rules and encourage your loved one to support the rules, they are likely to get significantly more out of programming.

Use of Cell Phones, Laptops, Tablets and Other Similar Devices

- To assist in helping maintain a strong focus on treatment, minimize opportunities for distractions, and decrease anxiety and stress that can come from being constantly “plugged in,” we highly recommend cell phones, laptops, tablets and other similar devices be left at home.
- If brought to HopeWay, cell phones, laptops, tablets and other similar devices will not be available for use for the first ten (10) days of admission into the residential program to allow each client to become accustomed to treatment and their living environment. During this period, such devices will be securely stored by HopeWay staff and all phone calls to family and friends or related to medical or legal concerns will be made with the assistance of a staff member.
- Upon conclusion of the ten day period, cell phones, laptops, tablets and other similar devices are returned and are available for use from 4-8pm. At all other times, these devices should be secured in the client’s room.
- For day clients, we ask that they not bring cells phones, laptops, tablets, etc. into the treatment rooms. If they are brought in, they are to be turned off during group. We ask



that family and friends honor this request and refrain from contacting your loved one while they are in treatment.

- HopeWay is not responsible for lost, stolen, or damaged personal belongings.

Smoking and Smoking Cessation

HopeWay is a smoke-free and smokeless tobacco-free campus. Lighters and matches are not permitted and will be destroyed if found onsite. Nicorette gum and other smoking cessation options are available for those who smoke. We encourage clients to speak to his/her doctor or nurse to determine the best option for them. Note: failure to comply with this policy will be considered a violation of the Program Rules.

Other Banned Items

E-cigarettes, alcohol and illegal drugs are not permitted at HopeWay. Weapons, including knives of any kind, are not permitted. This includes in a client's vehicle, in the parking lots, or on the grounds.

Food and Drink

To help maintain a sanitary environment, we ask that only water be consumed in the treatment areas and bedrooms.

Holidays

We are a 24-7-365 facility for residential clients. We may have special holiday programming on specific holidays. We also may have extended visitation hours and increased off-campus passes.

For day clients, we are closed on:

- Thanksgiving Day
- Christmas Day

Help Maintain a Safe and Healing Campus

Maintaining a safe, clean, and comfortable environment is critical to allow for maximum healing. Everyone shares in the responsibility for keeping the facility and grounds safe and clean including the HopeWay staff, our clients, and all visitors. *Please help us in keeping the campus safe, clean and comfortable for everyone.*

Emergencies

In the case of an emergency (i.e.: fire, tornado), drill or an alarm test, the staff will guide clients to safety. There are evacuation plans posted throughout the facility. If an actual emergency occurs and your client is affected, we will contact whomever is listed as the emergency contact.

During times of inclement weather, staff will direct clients to call the main number in the morning to learn if programming has been impacted.



Discharge Planning

To create the most effective aftercare plan as clients transition out of all HopeWay programs, her/his treatment team will begin planning for her/his discharge needs from the first day s/he enters a program. Clients are involved in the discharge planning process throughout treatment. Attending aftercare appointments is very important to help continue the progress that s/he has made during her/his treatment at HopeWay.

Residential and Day Treatment aftercare plans may include stepping down to a less intensive level of care, such as:

- Partial Hospitalization Program (PHP),
- Intensive Outpatient Program (IOP), and/or
- Referrals to a community therapist for continued weekly therapy, and/or
- Referrals to a psychiatrist for continued medical management.

A client's aftercare plan may also link her/him with a peer support service, connect her/him to local support groups, and/or provide her/him with other helpful resources. Depending on the client's circumstances, discharge planning may include finding a place to live, completing applications for school or new employment, and/or developing skills to successfully live on her/his own.

As you can imagine, your roll in your loved one's discharge and reintegration is very important. Similarly, we encourage you to start planning for your family member's discharge as soon as possible. Here are a couple easy ways to do this:

- Start reading about mental health and get information about your family member's condition/diagnosis
- Find a local support group that can help you gain perspective on both what others are going through, in addition to ways to help your family member

Understand that each person has a different experience, different perspective, and will respond differently. Nothing will be an exact fit. Listen, keep an open mind, and continually work on communicating. If you need resources, please don't hesitate to contact us.

Continuum of Care

Once a client leaves HopeWay, they will receive a follow-up phone call, as well as surveys to check-in on their health and well-being.

As mentioned in the previous section, our Aftercare Specialist works with clients to find local providers to support a client's treatment. If the provider is not a good match, or they are not able to serve the client in a timely manner, it is important for us to know and we are happy to find a new provider for your loved one. If we cannot get an immediate appointment for a client after discharge, our therapists and psychiatrists may have the ability to continue meeting with clients until the new relationship is established.



Although most clients do not need to return to HopeWay for additional treatment, we are more than willing to support him/her if they need a boost in their care. We will work with the client and family to help make that process as smooth as possible.

As an alumni of HopeWay, there will be opportunities to continue engaging with us. Here is a list of ways we encourage participation:

- ✓ Attend celebratory events
- ✓ Attend educational events
- ✓ Be a panelist for educational events open to current clients and their families
- ✓ Be a panelist for educational events open to community members
- ✓ Be a contact for potential clients to talk to
- ✓ Share his/her story for marketing purposes

Helpful Tips

You may be familiar with mental illnesses and how they affect you, your family, and your loved one. If you aren't, here are some helpful tips:

- Mental illnesses like depression, bipolar disorder, and schizophrenia are biological brain disorders that interfere with "normal" brain chemistry. Chronic mental illnesses are often compared to medical issues, such as Diabetes.
- Many mental illnesses have genetic factors that increase one's likelihood of developing the disease. In addition, life stresses may trigger the onset of symptoms.
- Some people don't believe that you can get better if you have a mental illness. However, that's not true. With appropriate medical care, most people can live healthy, productive lives. Note: just because someone attends treatment, doesn't mean that they will never need mental health care in the future. There may be periods of time that their symptoms are not present, but that doesn't mean that they won't come back. This is because some illnesses are cyclical.
- Treatment is often not a straight line of improvement. It may have dips and lulls that seem like your loved one is taking steps backwards. This is not unusual and should not alarm you or cause you to give up hope.
- Mental illnesses are not anyone's fault. They are not caused by poor parenting or a weak character, nor are they something that someone can "snap out of."
- Mental illness strikes people from all walks of life, regardless of gender, age, race, religion, education, socioeconomic status, etc.
- When a loved one has a mental illness, all family members are affected in some way. It's okay to feel a gamut of emotions about the illness (and about your loved one). Help yourself by remembering to practice self-care on a regular basis.



- If you have the opportunity to go to individual therapy, family therapy, and/or attend support groups, this will likely help you during the more difficult times.
- Clients in treatment may appear to be selfish. They may need to be in order to best work through and understand their mental illness, triggers and coping strategies.
- Clients may come home from treatment exhausted (or sound exhausted when you talk to them on the phone). That is because they are. They spend about six hours a day talking about their emotions, their relationships, expectations, future, etc. as well as listening and supporting others in their groups. Often this highlights struggles, disappointments, frustrations and other painful emotions and experiences. That's why when they get home, they may not want to talk about these things right away.
- Clients need to heal on their own time. It's important for friends and family to understand that and align their expectations accordingly.
- Structure, schedules, and self-care are helpful for most people, and certainly true for those with mental illness.
- It's better to ask, than to ignore.

Common Concerns Raised by Clients in Treatment Programs

Entering a treatment program of any type can be an anxiety provoking experience. While many clients understand the need for treatment of this type, they may not always understand what a typical experience may be, the rules associated with treatment that must be followed to promote a safe environment, and how such programs are typically structured. Entry into a program is often a time of stress and learning the new environment can create confusion and anxiety that may be shared with family members via concerns/complaints about their treatment. In order to help prepare families for what they may hear from loved ones, below are some commonly shared questions/concerns that your loved one may share with you. These types of concerns are typically the result of initial resistance to treatment and families are encouraged to be supportive but to understand that such concerns are often voiced as a way to focus on external things rather than focusing on the more difficult issues that necessitated treatment.

- Groups are pointless
- I am not like those other people
- This isn't helping
- I don't like and can't relate to any of the other clients
- I don't like my therapist/psychiatrist
- I'm bored. There's not enough to do.
- I don't like the rules. They are stupid and don't make sense.
- The food is bad

In addition, it is important for families to have clear knowledge of how HopeWay approaches family involvement in treatment in part to prevent misperceptions.



- We believe family involvement is important in the understanding and treatment of each client. Clients and their primary therapist will discuss what level of involvement the client wants with his/her family. The primary therapist will communicate the outcome of this decision with your family. Please understand that the level/intensity of family involvement may change during the course of treatment. This is common and typically clinically very beneficial.
- Primary therapists will attempt to contact family members who are participating in their loved one's treatment on a weekly basis. At times this may not be possible. At other times more frequent contact with the primary therapist may be warranted. Families can always contact the nurses' station to obtain updates on their loved ones' day.
- Clients are seen once per week by their psychiatrist and at least once per week by their primary therapist. Additional individual and/or family therapy sessions may be possible depending on clinical need (note: there may be an additional cost associated with these additional appointments).
- Noncompliance with treatment and/or violations of program rules will be addressed. This may lead to frustration from your loved one and lead to some of the questions highlighted above. However, it is critical that engagement in treatment and behaving in ways that undermine the safety of the facility be consistently addressed so all can achieve maximum benefit from treatment.
- At times your loved one may ask you to bring a concern to HopeWay staff. To promote directness and empowerment, we encourage you to ask your loved one to raise questions/concerns directly with HopeWay staff. This prevents indirect communication and decreases the chances for miscommunication and splitting.

General Residential Information

Facility

HopeWay's residential facility has 36 private rooms, organized into 6 neighborhoods. Each room has a private bath. Client bedrooms were intentionally designed to be warm, comfortable, and restorative. Rooms look out onto a beautifully landscaped campus and offer an abundance of natural light.

The residential area of HopeWay contains two beautiful and relaxing living room areas for social gathering, reading, watching television, or simply talking with other members of the HopeWay community. Residents are encouraged to enjoy a game of pool in the recreation space immediately across from the nurses' station. This is great location for socializing, watching games on TV, and enjoying friendly competition. This can also be a space families can use when visiting.

If you haven't had a tour, we encourage you to either schedule one with admissions, or to visit our website to see the virtual tour.



Personal Items

A recommended packing list can be found in the Client Handbook and online. Clothing, other personal items (i.e.: lighters, glass frames/vases, etc.) and medications that are not permitted will be sent home with a family member or friend. We appreciate your cooperation in these matters.

We ask that clients send any valuables home with their family/friends. HopeWay is not responsible for any lost or damaged personal property.

Clients are asked to wear glasses, hearing aids, and dentures when they are awake and stored properly in their rooms when asleep. HopeWay is not responsible for the breakage or loss of these items.

Laundry

All clients are responsible for doing their own laundry (this includes bedding and towels). Each neighborhood has assigned laundry room time each week. Staff members can assist if there is a need to wash any linens, clothing, or towels between assigned wash days. HopeWay provides the laundry supplies. A staff member will accompany clients when using the laundry room.

Cleaning

All residential clients are responsible for cleaning their rooms and bathrooms. Cleaning supplies are provided by HopeWay, and can be requested at the nurses' station. The rooms are cleaned by a cleaning service between clients stays.

Visitation for Residential Program Family/Friends

Clients are given their own individual identification code the first day they enter the residential treatment program. They can share this code with anyone they are comfortable knowing that they are at HopeWay. If someone calls and asks to speak with a client, to protect their privacy, HopeWay staff will not tell them that any individual is here or provide any other information about a person unless the caller provides the accurate unique identification code. In addition, any visitor must also know an individual client's unique identification code. If a person calls and/or comes to visit and **does NOT** have the correct code, HopeWay staff cannot share any information and CANNOT allow them to visit.

- Visitation hours are daily from 6:30pm–8pm and from 1–3pm on Saturdays, Sundays, and holidays.
- Family members can join for dinner prior to visitation Monday – Friday or join for lunch prior to visitation on Saturdays and Sundays. Note: ***Guests are responsible for the costs of their meals.***
- Each client may have up to three (3) people visit them at a time.
- The minimum age for child/adolescent visitors on the residential unit is age 12. Visitation with children younger than age 12 will occur in the dining hall or main lobby area.



- Visitation is held in the common living areas within the building or in the outdoor dining area. *Visitation is not permitted in client rooms.*
- All visitors are required to sign-in with the staff member at the nurse's station in the residential wing and provide a picture ID to help maintain confidentiality.
- All visitors must have their loved one's personal identification code.
- All visitors must leave personal items such as purses, bags, etc. in their vehicles.
- For safety purposes, everything brought in for the client must be checked at the nurse's station.
- Off-site visitation (i.e., passes) are allowed with the approval of the client's physician, but are not available during the initial 10-day observation period (Recharging of Hope). This is to allow clients to become accustomed to treatment and their living environment.
- Clients who have been discharged from the residential program are unable to visit others in the program until six (6) months after their discharge. This is a common rule in a behavioral health setting and designed to promote and support successful transition back to one's family, job, school, and social environment.

Therapeutic Passes

- Passes to attend off-campus activities with family/friends (or on their own) are not granted during the first ten (10) days of treatment.
- While passes are not granted during the first ten days, family and friends may join clients for lunch or dinner, and/or visit in the residential area during scheduled visitation times.
- Upon conclusion of the Recharging of Hope period, a client's attending psychiatrist may grant a pass upon their request. Passes are conditional based upon a person's symptomology, program participation, behavior, treatment compliance and the nature of the request. These factors need to be considered to help maximize client safety.
- Midweek passes may be granted, however they are limited to special circumstances in order to avoid disrupting clinical programming/groups, individual therapy, treatment team, and follow-up appointments with his/her attending psychiatrist.
- Weekend passes are granted on Saturdays and Sundays from 1-5pm to avoid disrupting clinical programming/groups and promote unit cohesiveness. Clients, per psychiatrist approval, may be granted overnight passes.

Glossary of Terms

The following definitions are cited from nami.org:

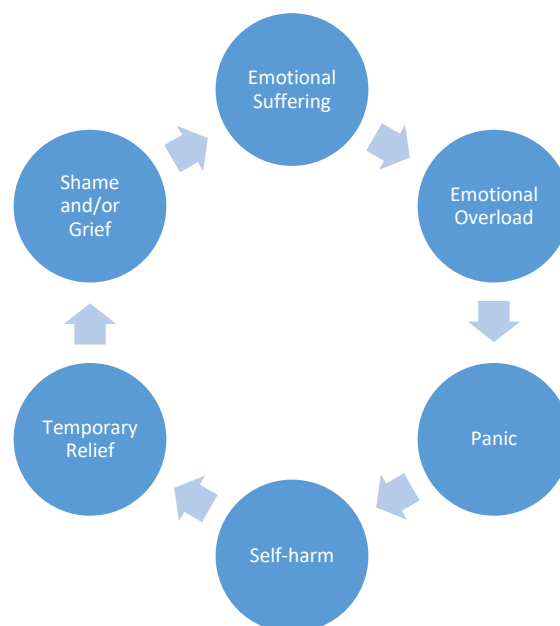
- **Psychotherapy** is when a person speaks with a trained therapist in a safe and confidential environment to explore and understand feelings and behaviors and gain coping skills. The conversation is often led by the therapist and can touch on topics such as past or current problems, experiences, thoughts, feelings or relationships experienced by the person while the therapist helps make connections and provide insights.
- **Cognitive Behavioral Therapy (CBT)** focuses on exploring relationships among a person's thoughts, feelings, and behaviors. During CBT a therapist will actively work with a person to uncover unhealthy patterns of thought and how they can be causing self-destructive behaviors and beliefs. By addressing these patterns, the person and therapist can work together to develop constructive ways of thinking that will produce healthier behaviors and beliefs. Oftentimes, you will have homework in between sessions where you practice replacing negative thoughts with more realistic thoughts based on prior experiences or record your negative thoughts in a journal.



- **Dialectical Behavior Therapy (DBT)** is used to treat people with different mental illnesses, but it was initially developed to treat people diagnosed with borderline personality disorder as a primary diagnosis. DBT is heavily based on CBT with one big exception: it emphasizes validation, or accepting uncomfortable thoughts, feelings and behaviors instead of struggling with them. The therapist's role in DBT is to help the person develop new skills, like coping methods and mindfulness practices, so that the person has the power to improve unhealthy thoughts and behaviors.

Here are some additional definitions that you may find helpful:

- **Mindfulness** is the practice of being fully aware and present in the moment. Mindfulness is something that our therapists integrate into all of their groups.
- **Distress tolerance.** How to tolerate painful emotions in difficult situations and not act in self-destructive ways.
- **Emotional regulation** is how to change emotions that you want to change. **Emotional dysregulation** is a term used to describe emotional responses that are poorly controlled.
- **Interpersonal effectiveness** speaks to how to ask for what you want or how to say “no” while maintaining self-respect and positive relationships with others.
- **Baseline** is a minimum or starting point used for comparisons. In the mental health field, this is different for everyone. However, it is used to help determine a client’s progress or decline. Family members can also look at their loved one’s mood or behavior, comparing it to what they saw was “normal” before noticeable changes were perceived.
- **Codependency** is an excessive emotional and/or psychological reliance on another person. This relationship is one-sided, and often dysfunctional. At times it can be abusive. Whether the relationship is enabling another person’s drug or alcohol addiction, irresponsibility, recklessness, under-achievement, low self-esteem, social isolation, or poor mental health, the affected person often doesn’t realize the relationship is unhealthy.
- **Self-harm** is more than cutting, burning, or other self-mutilation behaviors. We consider self-harm to include behaviors such as sex/relationship addiction, compulsive gambling, over exercising, disordered eating, purging, or calorie restriction. These behaviors serve as a distraction from mental pain and become a way to cope.





- **Trigger.** We define a trigger as an experience, memory, sensation, thought or emotion that elicits a reaction. Triggers are personal and unique. Although triggers are neutral, they can elicit positive or negative feelings.
- **Co-occurring Treatment** is appropriate for clients who meet the criteria for a mental health diagnosis, along with criteria for addiction (have a dual diagnosis). Addiction recovery and mental health recovery require some similar skill sets and awareness, most notably the ability to recognize, assess and challenge thinking that leads to an increase in mental health symptoms, active substance use, or both (CBT skills). Along with CBT skills, clients need to learn how to regulate their emotions, become less reactive, develop distress tolerance, cope with overwhelming urges and emotions and restore their sense of control when their body becomes dysregulated (DBT skills). In addition, clients with addiction need to learn the relationship between their mental health symptoms and use, the physiology and progression of the disease as well as the issues that drive active use. An essential component of co-occurring treatment is education on the history and content of 12 Step principles (AA, NA, etc.) as well as understanding how these groups help with abstinence and promote healing of body, mind, spirit and relationships.
- **Psychiatrist** is a medical practitioner who specializes in the diagnosis and treatment of mental illnesses. He or she can prescribe medications.
- **Psychologist** is an expert in psychology. In addition to using psychotherapy to treat clients, he or she can interpret psychological testing to help determine diagnoses.
- **Therapist** is a person skilled in particular kinds of therapy, of which there are many. This includes counselors and social workers. There are different levels of therapists based on the amount of training they have and the credentials they have earned. Therapists, at HopeWay, are the individuals who run the majority of the group sessions.
- **Behavioral Technician** is someone who provides 24/7 support to clients in the residential program. At HopeWay, they support the therapists in groups, take clients to appointments, and are the day-to-day staff representative on the unit.

How To Resolve A Complaint

Everyone at HopeWay is committed to providing you with the highest quality care in the most client-focused, respectful, and supportive manner possible. If you have a concern/complaint, you have the right to see that your issues are addressed quickly, ideally by the staff working with you when the issue arises. Please bring your concern(s) to the attention of a staff member, and every effort will be made to resolve your concern as soon as possible. If we are unable to resolve your concern immediately, we will provide an explanation as to why.

Clients, families, and guardians all have access to external complaint mediation resources. To report/file a (1) client safety event, (2) client concern, (3) family concern, (4) community concern, and/or (5) complaint/grievance, please, contact HopeWay, the North Carolina Division of Health Services Regulation, and/or the Joint Commission.



HopeWay

Phone: 980-859-2106
E-Mail: feedback@hopewayfoundation.org
Mail: Chief Compliance Officer
HopeWay
1717 Sharon Road West
Charlotte, North Carolina 28210

North Carolina Division of Health Services Regulation

Phone: 800-624-3004
Fax: 919-715-7724
Mail: Complaint Intake Unit
2711 Mail Service Center
Raleigh, North Carolina 27699

The Joint Commission

Online: <https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx>
E-mail: patientsafetyreport@jointcommission.org
Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

If you have any suggestions for improvement, please feel free to contact the Director of Research and Education at Christine.Jensen@hopewayfoundation.org. If there are any questions for specific individuals, typically you can contact them by email at first.last@hopewayfoundation.org, or you can call the front desk and they will connect you to the appropriate person.